



Application For Membership

Back 40 Flying Club, Inc.
Jim Richardson, Membership Chairman
5214 Winchester Road, Fort Wayne, Indiana 46819
Phone 260 747 7070 Membership@Back40FC.com

Personal Information

Name: _____
Address: _____
City: _____
State: _____ Zip: _____ - _____
How long at this Address: _____ years
Home Phone: (____) _____ - _____
Pager/Cell: (____) _____ - _____
Office Phone: (____) _____ - _____
FAX: (____) _____ - _____
Home E-mail: _____
Office E-mail: _____

Age: _____ Date of Birth: ____/____/____
Weight: _____ Hair Color: _____
Height: _____ Eye Color: _____
Married: Y N Spouse Name: _____

Occupation: _____
Employer: _____
Address: _____
City: _____
State: _____ Zip: _____ - _____
How Long: _____ years
Previous Employer: _____
How Long: _____ years

Home:

Own [] Buying [] Rent []
Landlord: _____
Address: _____
Bank: _____
Address: _____

Pilot Licenses, Ratings, and Hours

Student: ____ Solo Hours ____ XC Hours ____
Supervising Instructor _____
Private: [] Comm: [] ATP: []
SEL: [] MEL: [] Instrument: [] Instructor: []
Other: _____
License Date: ____/____/____
Medical: 1 2 3 Date: ____/____/____
Physician: _____

HISTORY

Have you ever had a criminal record {arrest or conviction for misdemeanor or felony}: [Y] [N]
Explain charge and disposition: _____

(Use other side as needed)

Have you ever had a driving violation (OWI, speeding, license suspension, etc.): [Y] [N]
Explain charge and disposition: _____

(Use other side as needed)

Have you ever had an FAA violation (license suspension, revocation, re-exam): [Y] [N]
Explain charge and disposition: _____

(Use other side as needed)

Why do you want to join the club? _____

(Use other side as needed)

Who recommended you? _____

Which club members do you know? _____

Do you have any skills that would benefit the Club? _____

(Use other side as needed)

I affirm that this application is an accurate record. When accepted for membership, I agree to abide by all club By-Laws and Operating Rules.

Signed: _____/____/____
If under 21 must have signature of parent or guardian

Co-Signed: _____/____/____

